THE CASSEL HOSPITAL FOR FUNCTIONAL NERVOUS DISORDERS,

Swaylands, Penshurst, Kent.

SIXTH ANNUAL REPORT

TO THE

COMMITTEE FROM THE

MEDICAL

DIRECTOR.

PRESENTED 31st DECEMBER, 1927.

The Cassel Hospital for Functional Nervous Disorders.

(Founder: The Right Honourable Sir ERNEST CASSEL, G.C.B., G.C.M.G., G.C.V.O.)

Patrons.

HIS MAJESTY THE KING.

HER MAJESTY THE QUEEN.

Trustees.

Sir FELIX CASSEL, BART., K.C. (Chairman)
Sir COURTAULD THOMSON, K.B.E., C.B.
Sir MAURICE CRAIG, C.B.E., M.D., F.R.C.P.

General Committee.

Sir FELIX CASSEL, Bart, K.C. (Chairman)
J. L. BIRLEY, C.B.E., M.D., F.R.C.P.
SIR E. FARQUHAR BUZZARD, K.C.V.O., M.D., F.R.C.P.
Brig.-General F. A. BUZZARD, D.S.O.
Lady HELEN CASSEL.
Sir MAURICE CRAIG, C.B.E., M.D., F.R.C.P.
LORD DAWSON OF PENN, G.C.V.O., K.C.M.G., C.B., M.D., F.R.C.P.
Professor J. S. HALDANE, M.D., LL.D., F.R.S.
BERNARD HART, M.D., F.R.C.P.
A. F. HURST, M.D., F.R.C.P.
W. J. JENNINGS, Esq.
Mrs. JOSHUA
Lady LOUIS MOUNTBATTEN
J. A. RYLE, M.D., F.R.C.P.
Sir COURTAULD THOMSON, K.B.E., C.B.

Consulting Physicians.

J. L. BIRLEY, C.B.E., M.D., F.R.C.P.
Sir E. FARQUHAR BUZZARD, K.C.V.O., M.D., F.R.C.P.
Sir MAURICE CRAIG, C.B.E., M.D., F.R.C.P. (Chairman of the Medical Committee)
LORD DAWSON OF PENN, G.C.V.O., K.C.M.G., C.B., M.D., F.R.C.P.
BERNARD HART, M.D., F.R.C.P.
A. F. HURST, M.D.. F.R.C.P.
J. A. RYLE, M.D., F.R.C.P.

Consulting Ophthalmologists.

J. F. CUNNINGHAM, O.B.E., F.R.C.S.
A. F. MACCALLAN, C.B.E., F.R.C.S.

Consulting Laryngologist.

G. SECCOMBE HETT, F.R.C.S.

Consulting Gynæcologist.

E. L. HOLLAND, F.R.C.S.

Medical Director & Physician.

T. A. ROSS, M.D., F.R.C.P.E., M.R.C.P.

Assistant Physicians.

CHRISTINE H. SHEARER, M.B., Ch.B.
R. D. GILLESPIE, M.D., CH. B., D.P.M.

Resident Medical Officer.

JOSEPH FAUL, M.D.

Solicitors.

Messrs. LEWIS & LEWIS

Auditors.

Messrs. BLACKBURNS, BARTON, MAYHEW & Co.

Architect.

J. MACLAREN ROSS, A.R.I.B.A.

Secretary.

C. HURFORD

The

Cassel Hospital for Functional Nervous Disorders.

ANNUAL REPORT

from the Medical Director to the Committees on Patients who were discharged from the Hospital up to 31st December 1926.

Presented 31st December 1927.

As in former years, no report is issued on patients till they have been at least one year away from the hospital.

During the year 1926 there were 208 discharges; this does not mean that 208 individuals were discharged, as ten were in twice during the period.

As formerly, classification has been made under the headings, psychoneuroses, psychoses, drug addiction, organic disease. While, for the majority, there is little difficulty in determining to which category a case belongs, there are some which are not so easy to assign.

It has been felt that the group " psychoneuroses " was too comprehensive, that it included many different forms of reaction processes, and that a better view might be obtained of what is being done if it were split up. The three customary groups are the anxiety states, hysteria and the obsessional neurosis. Our experience here has led us to consider, however, that the latter contains two widely different types—the ruminative obsessives and the compulsive obsessives. By an obsession is meant a thought or group of thoughts, from which by reason of their perpetual recurrence the patient cannot escape, greatly though he desires to do so. These thoughts may be rational or not. It is rational to be subject to continual theological speculation, constantly or almost constantly present, though the patient wishes to be rid of it; it is not rational to suppose that one's hand is altering its shape and to be slowly changing into an animal's claw.

The difference between a belief like this and a delusion is that, though the obsessional idea is presented to consciousness over and over again, it is after a time rejected by the patient, usually after the performance of some compulsive act. Further, the patient, while tortured by the thought, knows it to be untrue and seeks to be rid of it. The compulsive acts appear to be of the nature of magical practices, intended to counteract the evil which is threatening the patient. On the whole, the ruminative patients have reasonable obsessions, the compulsive have not.

The first class seems to be allied to the anxiety states; the symptom is probably a substitutive idea and the prognosis is on the whole good. In the compulsion cases, on the other hand, the whole picture seems to be derived from a more primitive mental layer, represents a much greater disintegration of the personality, and the prognosis seems definitely bad.

In the period under review there were only five patients with obsessions with or without compulsions, as the main complaint, too few a number to found anything on; but in searching the records of previous years these statements appear to be borne out. At no time has the group been a large one so far as the experience at Swaylands goes. Some writers consider the obsessional group a large one, and describe frequency of recovery. Since the hospital opened we have put only twelve patients into it, and only six into the obsessional compulsive division. Up to the end of 1926 no recovery was noted among the six; during 1927 a case was encountered where very great improvement did take place, but the report on that had better be withheld till next year, as the patient left only a few months ago.

We cannot but think that the frequency of the condition as described by others is a matter of nomenclature. Patients with a frequently recurring phobia of disease are seemingly often spoken of as having an obsession. Such patients are always, however, the subjects of an anxiety state, and they should, we think, be classified under that heading.

The Anxiety State.

In this group we have placed all those patients whose chief symptom is either frank mental anxiety, or its somatic manifestations of which palpitation, sweating, flushing and tremor are the chief. Allied to the group is a small one, where the sole complaint is a phobia. The isolated phobia is concerned with some situation in which it occurs. Except when the patient is put into the situation, such as the street, which brings it about, he is well in every way. In the situation he has an acute anxiety attack which passes off when he is removed from it. Phobias of all sorts, especially those connected with disease, do, of course, occur in those who suffer from other symptoms also, but the phobia of disease comes on at any time and is not determined by any special situation.

Hysteria.

Under this heading have been classified all those with bodily or mental symptoms where there is no anxiety and no sign of a psychosis. In a sub-group we have placed the patients with anorexia nervosa, about whom some remarks will be made later.

It has been considered well to make a distinction between a psychoneurosis in an ordinarily normal person and one occurring in a constitutional psychopath. The latter may lose his psychoneurotic symptoms, but he will not be like other people, and too much must not be expected of him.

The subjoined scheme will show the classification with which we have been working:—

Ordinarily Normal People

Anxiety States — Phobias

Hysteria — Anorexia Nervosa

Obsessional Neurosis — Ruminative, Compulsive

Constitutional psychopaths

The same groups as for the normal

One hundred and two new patients were classified as psychoneurotic. Seventy have reported themselves as much improved or well, and have attributed this to the treatment received at the hospital. Four have reported themselves as well but have stated that this has nothing to do with the treatment received here. Seventeen are *in statu quo* or have relapsed after apparent improvement. This leaves eleven who did not answer the letter of enquiry. This does not mean necessarily that they are lost sight of, nor that they are failures. It is common to get answers later.

Breaking them up into the various groupings we get a table as follows:—

		Well or much improved	Not improved at Swaylands
Ordinarily normal persons suffering from:—			
Anxiety states	48	34	8
Phobias	3	3	0
Hysteria	29	21	5
Anorexia Nervosa	5	3	1
Obsessive:—			
1. Ruminative	2	2	0
2. Compulsive	3	0	3
Constitutional Psychopaths:—			
Anxiety states	10	6	3
Hysteria	2	1	1
	102	70	21

In addition to these there were twenty-four psychoneurotic patients who had been in in previous years. It is of interest to consider whether it is worth while having patients in for a second time. Most of them were in for a short time only, thirteen for two weeks or less. Some came to talk over a few remaining difficulties; others with many of their old symptoms found it easier to talk and to derive benefit the second time than they had the first. Seventeen are now much better or are well. Two, both young girls under twenty-one, who were much better, are dead, one after an operation, the other from poliomyelitis. One benefited elsewhere. Three did not benefit at all. One was not heard from. It will be convenient to show these facts in a small table:—

	No.	Much improved or well after treatment at Swaylands.	Not benefited at Swaylands.	Dead.
Return Cases	24	17	4	2

It therefore seems to be well worth while to have patients in more than once. At the same time, there is the danger that the hospital might come to be regarded by some people as an agreeable holiday resort; there is also the danger of certain hysterics developing symptoms for the purpose of obtaining re-entry. This danger, however, needs only recognition to be guarded against.

The patients with anorexia nervosa form a group of great interest. In addition to the five mentioned in the table of new cases, there were two others who had been in before. Neither had relapsed. One aged seventeen had been in during the previous year, had gained 15 lbs. in three weeks, and had lost two of these pounds in the year. There was, however, no anorexia. She had just completed a strenuous term at school. She was kept for three weeks, taking active exercise and with no special diet. In these three weeks she gained 6 lbs., and has since kept well. When she came first she was not very emaciated; she had been very fat indeed and had all the other typical symptoms of the disease, blue nose and hands, amenorrhœa, complete loss of appetite. But though she is now well nourished, not fat but healthy looking, she has had no return of the menstural function.

While it is natural to suppose that the amenorrhœa of these patients is dependent on the malnutrition, it does not seem to be true that restoration of bodily health is followed quickly by restoration of the menses. This has been noted in others. One patient who was in the hospital in 1926, and another who was in early in 1927, have only lately lost this special symptom.

The second return case was in the hospital in 1923, when she gained about 30 lbs. There was no return of anorexia, nor loss of weight, but in the autumn of 1926 she developed an anxiety state with tachycardia and exhaustion after the death of her father. She has now been well again for over a year.

No very searching enquiries have been made at the hospital into the mental state of these patients. In all a confession has been obtained readily that for some reason or another there was a desire to restrict the appetite and to lose weight. At first food was deliberately cut down; presently the matter got out of control. There has usually been the suggestion that the constant urging of the relatives to eat produced a state of negativism, so that the patient felt bound to eat even less than she would have done if left alone. The return, however, of a patient, as described, with totally different nervous symptoms suggests that this is not the whole story.

Among the hysterics proper there was one patient with foot drop, which followed a slight accident for which she was receiving compensation. She was led to believe that the symptoms persisted wholly because of the compensation, whereupon she became well. Reports in later years will, we think, show that this is the proper policy to pursue in these cases.

The hysterical group as a whole presents greater diagnostic difficulties than any other. It resembles organic disease; it resembles psychotic depression; it resembles dementia præ-cox. Careful history taking is probably the most important diagnostic instrument. As regards physical disease the great difficulties seem to lie in the exclusion of abdominal and cardiac abnormalities. The diagnosis between hysteria and psychotic depression may be difficult, especially if consulting room evidence only is taken into consideration.

During the period we had two striking examples of this. Both patients were bank clerks, both had been given very long sick leave, so long that the patience of their employers seemed to us inexhaustible. In both the symptoms were almost exclusively those of depression with a certain amount of self-reproach and but little else. It seemed, however, that there was much more enjoyment for both patients when out of sight of the doctor; yet they slept badly and lost weight. In both the diagnosis of hysteria was finally decided on. One, who had resisted all forms of persuasion and exhortation for months, received at last an ultimatum that his case would be " considered " by the directors of the bank at their next meeting in a month's time. He was advised by the doctor that this clearly meant that he was to be retired.

During this month he improved steadily, and returned to duty at the end of it. He has kept well. The other finally responded in about six weeks to a very formal rest cure, which was made rather dull and indefinite in duration—to go on till he was well. It is arguable that both were, after all, examples of depression which became well coincidently with, but not because of, other events; but the diagnosis of hysteria seemed to us who watched them more likely.

We have almost abandoned the idea of diagnosing dementia præcox in the early cases which are sent to us. We have a number of patients with schizophrenic symptoms who have got better; we have not included these among the hysterics. It has seemed wiser that we should say merely that they are schizophrenic, keep them at the hospital, if possible, and discharge them if their conduct is such that they seem to be harming other patients. Whether those that recover are really hysterical or not is not, we feel, of great consequence. They must be treated rather differently from the ordinary hysteric; they appear to require a much more openly sympathetic line of action, such as would probably be followed by exacerbation of symptoms in a frank hysteric. They seem to be better by being rather spoilt. Therefore, as the object of a label is to facilitate treatment it is better to classify them separately from hysterics. The hysteric, on the whole, had better be shown plainly what he is and what he is doing. The schizophrenic does not, as a rule, seem able to stand such a course.

There is a further difficulty about the classification of hysteria; there is at least one clinical condition where there is difficulty in saying whether the affection is hysterical or organic; viz., spasmodic torticollis. Three patients with this illness have been in during the period, one had been in before.

One who had been ill for about three years became well. She seemed undoubtedly hysterical. The illness had begun during a period when she had to work alongside of a man who had insulted her, and at whom she did not wish to look. She apparently turned her face away from him. There had been a long period of quarrelling with a stepmother, a long period of various undesirable love affairs before this event. When she had been in hospital a few days the spasm disappeared with strong suggestion. It returned a few days later, and the patient hinted very broadly that she felt she would be discharged forthwith if cured and that she did not want to leave just yet.

Slow improvement took place during a period of about ten months. She has kept well.

A second had been ill two years. Her history was that of an hysteric. For some years she had had " heart disease," of which there was no trace left. Before that she had for some years an affection in which she could not walk straight, so that if she were walking on a road she presently found herself facing the hedge and going into it. She had had a period of " depression." She had had intense fear of tetanus for many years, so that if she scratched herself she had some weeks of terror, and in other ways the history was highly suggestive of hysteria. She was in the hospital for many months, without benefit. She was easily hypnotizable, and for a few hours the spasm could be abolished. Unfortunately she had a money interest in remaining ill.

The third patient benefited much more during this second stay than during the former one, and now reports herself well. While she was here during this second period she had a vaccine, which we continued to administer.

The Constitutional Psychopaths.

The group has been separated for the first time. It will be of some interest to see whether they are more likely to break down in the future. So far as these few figures go the recovery rate is not so high as in the normal.

Before leaving the psychoneurotic group we have to mention five patients who have not been classified with them because they did not present symptoms usually connected with these neuroses.

One was a man who was in good health but who had been subject to uncontrollable outbursts of temper which had terrified his household. They occurred apparently only when he came into contact with one member of that household of whom he was jealous. He has not replied to the letter of enquiry.

The other four were subject to attacks of alcoholism, between which they were quite well. One, a business man, not happy at home, had exceptional facilities for obtaining alcohol in his occupation. He suffered from short outbreaks of a few days' duration every few months. Though he has returned to this business he has had no outbreak since he left the hospital nearly two years ago.

A second, a professional man, has returned to his work with a history of one relapse. Two other married women have both relapsed.

There are three other alcoholic patients among the psychoneurotics. Two of them are well. The third has not been heard of. One of the two was a teacher who had suffered from agoraphobia for over twenty-five years. He

had been brought up as a teetotaler. While on a visit to France as a young man he discovered that small doses of alcohol abolished his fear. Soon he required much larger amounts to obtain the desired effect. The phobia yielded to a short analysis, and he has now been free from the symptom, and has also been a teetotaler for about two years.

The second patient suffered from morbid blushing and sweating so that he had almost entirely given up going out except at night. He had taken to alcohol to relieve his general unhappiness. His symptoms were more difficult to eradicate, but they did disappear, and with them the desire for alcohol. The third, who has been lost sight of, was a woman with homosexual desires who had broken down.

There is here little support for the psycho-analytic view that alcoholism and homosexuality are closely connected; in none of the others was there any evidence of this condition, and as four out of the seven have been almost without alcohol, three wholly so, for periods ranging for from one to two years, it seems more likely that they had taken to alcohol to escape from quite other disturbing situations. In saying this, however, we are fully aware that it is probably impossible for one not a psycho-analyst of the Freudian school to understand fully what that school means by homosexuality. As the statement, however, has been made frequently, it may be confuted if we are using ordinary speech.

None of these patients gave any trouble while in the hospital; on admission they are informed that if they become intoxicated we shall not be able to keep them.

Midway between the psychoneurotics and the psychotics are the hypochondriacs, of which there were three. All have reported themselves in fluent language and are naturally no better.

Drug Addicts.

Four were discharged during the period. Three were morphia addicts. One had been in the hospital previously. All are still taking the drug. One is a patient who has varied his drugs, pareldehyde being the favourite. He has been in on previous occasions. From time to time in the last few years he has been subject to hallucinations. When these have become intolerable he has applied for admission. In the hospital he has given no trouble, has demanded no drugs and it is believed has taken none. After a few weeks his hallucinations disappear and he goes out.

Psychotics.

Depressives.—Twenty-eight new patients were admitted suffering from depression. Eleven of these are now well. Three of these did not improve in the hospital, the others did. Six are dead. Of these, one committed suicide in the hospital, two have done so since discharge, one of the latter had improved considerably, the other had not. Five of this group have not been heard from. Two are in mental hospitals, the remainder are at home but not well.

In addition four patients were admitted who had been in before. One of these, who was discharged in a slightly maniac state, has since committed suicide. Two are at present well. One has not been heard from.

There is little doubt that five or six of those who got well would have become so ill as to require certification if we had not been able to take them; but the question of re-admission is very difficult. Usually it is declined unless the patient is known to have short attacks as a rule. One of the four re-admissions comes under this head. The patient is an artist who becomes depressed for two or three months. She has been in the hospital four times in about four years. It seems possible that the knowledge that there is a refuge at Swaylands has kept her from suicide. Obviously, however, there are not many to whom this opportunity could be offered.

The number of suicides is a measure of our anxiety in dealing with these patients. They are often difficult to certify and their relatives are slow to agree that they are dangerous, but four suicides out of thirty-two patients should be a figure to cause uneasiness. We have, on the whole, to deal with comparatively mild forms of depression. The patients have no appearance of being very ill, and a warning is soon forgotten. A striking example of this occurred last summer. The condition of a certain patient had given rise to so much anxiety that the advice was given that he was not safe and should be certified. The relatives said that they would try him at home first. They were warned that he should not be left alone, and that, if he was not decidedly better in a few days, certification should be carried out. Three days later he was left alone in the house, and when the family returned he was not there. Two weeks later a friend met him accidentally. During the period in which he was missing, his friends telephoned to the hospital on a business matter, and, when they were asked how he was, said that they did not know as he had gone out a few days before and had not returned. They were then entirely unconcerned; they had hardly thought the thing worth mentioning; and, as the event proved them to be right, they still, no doubt, consider that an unnecessary fuss was made at Swaylands.

During the past year we have questioned depressed patients, who have recovered, about their thoughts when they were ill. All whom we have asked have said that the idea of suicide was very frequent, but that some consideration or another had always driven it out. They have also been asked whether the continual reassurances they had received during their illness had been of any use. One usually feels when giving such reassurances that they are of no use at all. The patient seems quite unresponsive, indeed he seems often not to be listening. The reply has been that they are of great help; some have said that though apparently there was no response they felt supported for a number of hours, and that they looked forward to hearing the hopeful views again.

No suicide occurred in the hospital last year.

Schizophrenics.

Eight new patients were discharged during the period. Three are now *in statu quo* or worse. One has not been heard from. Four are reported as now much better or well; but of these, one only became better in the hospital. She was a lady of twenty-six, who said she was very worried over religion, but who also complained of the absence of all emotion, while she kept frequently laughing at some private joke. She was six months in the hospital and was discharged without symptoms. She has been well and at work since. The other three were discharged *in statu quo* as their symptoms were so pronounced that they could not mix with the others and we could not provide special nurses for all. One had sensations of distortions of the body, feelings as if the limbs were falling off and loss of interest in external affairs. A second had strong ideas of persecution, with again much smiling. A third was greatly troubled by external voices. It is regrettable that we could not have kept them here till they were well.

One other patient has been in before. She has periods lasting some months when she hears voices, especially the birds speaking, is extremely suspicious and has violent tempers. These attacks pass away and she becomes fairly normal.

One patient suffered from paranoid symptoms with ideas of persecution. She is working in an office but comes down to the hospital occasionally to report on the persecutions, which still go on.

Organic Disease.

Fourteen patients have been classified as suffering from disease which was mainly organic.

They may be tabulated as follows:—

Post encephalitic parkinsonism	1	(now dead)
Paralysis Agitans	2	
Hemiplegia, with positive Wasserman reactive	1	
Vascular intra cranial disease	3	(of whom one is dead)
Epilepsy—petit mal	1	
Neuralgia (Post Herpetic)	1	
Neuralgia (Trigeminal)	1	
Peripheral Neuritis	1	
Sciatica	1	
Cancer of stomach	1	
Rheumatoid conditions of joints	1	

Four patients left within a week of admission and have not been classified.

Subjoined is a table embodying all the above groups:—

Psychoneuroses	126
Temper	1
Alcoholism	4
Hypochondria	3
Drug Addiction	4
Depression	32
Schizophrenic states	9
Paranoid states	1
Organic diseases	14
	194
Not classified	4
Ten were discharged twice during the year	10
	208

Report on Results of Treatment in Previous Years.

1925.

Ninety-nine patients replied to the letter of enquiry. Seventy-one belonged to the psychoneurotic group. Fifty-five report themselves as well. This includes two patients with anorexia nervosa. Sixteen are not well. Three of these sixteen are at work.

Nine patients were constitutional psychopaths. Five are doing well, are at work and fairly free from symptoms. The remainder are in trouble of some kind; for example, one young man who got constantly into debt is in the same difficulty.

One alcoholic has relapsed.

Thirteen patients who had suffered from depression have been reported on. Five are well, five are not. Three are dead, two of these being from suicide. Neither of these was well on leaving the hospital.

The results for the year may be tabulated thus:—

	Total.	Well or improved.	Not well.	Dead.
Psychoneuroses	71	55	16	0
Psychopaths	9	5	4	0
Alcoholics	1	0	1	0
Hypochondriacs	1	0	1	0
Depressives	13	5	5	3
Schizophrenics	4	0	3	1
	99	65	30	4

The following tables summarise the reports for previous years:—

1924.

	Total.	Well or improved.	Not well.	Dead.
Psychoneuroses	74	53	20	1
Psychopaths	6	5	1	0
Obsessional compulsive Neurosis	2	0	2	0
Depressives	15	6	3+5	1
Schizophrenics	4	1	3	0
	101	65	34	2

Five of the depressions marked "not well" have had attacks and been better. The one in this group who is dead is a suicide. The patient who was in Swaylands with a psychoneurosis died of an intercurrent disease.

1923.

	Total.	Well or improved.	Not well.	Dead.
Psychoneuroses	60	47	13	0
Psychopaths	3	2	1	0
Drug Addiction	1	0	1	0
Depressives	7	5	2	0
Schizo phrenics	2	0	2	0
	73	54	19	0

Two of the psychoneurotics marked "not well" are, as a matter of fact, well, but this recovery did not take place till long after they had left the hospital. The psychopath marked "not well" is well often for months at a time. She then becomes ill again and has been several times in the hospital. She is a person who sooner or later has violent quarrels, which make her ill.

1922.

	Total.	Well or improved.	Not well.	Dead.
Psychoneuroses	54	37	17	0
Drug Addiction	2	1	1	0
Depressives	15	6	9	0
Schizophrenics	4	0	4	0
	75	44	31	0

The results in the patients with depression do not, however, reveal the exact state of affairs. The six now well have been well continuously since they left. Three others are well now also, but they have had attacks of depression since they became well. The true results would be shown better on a table reporting each year.

No report is issued on patients who left prior to 1922.

Wm. Hodge & Chilver,
Printers
86, Hatton Garden, E.C.